



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

in re the Application of

VINING et al.

Application No. 09/856,683

Filed: May 23, 2001

For: Virtual Endoscopy with
Improved Image Segmentation
and Lesion Detection

Hon. Commissioner of Patents and Trademarks
Washington, D. C. 20231

: Examiner: Not yet known

: Group Art Unit: 3737

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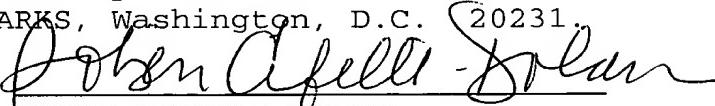
RECEIVED
SEP 17 2002

TECHNOLOGY CENTER R3700

Certificate of Mailing Under 37 CFR §1.8(a)

I hereby certify that this correspondence is being deposited on August 28, 2002, with the United States Postal Service as first class mail in an envelope addressed to COMMISSIONER OF PATENTS AND TRADEMARKS, Washington, D.C. 20231.

8/28/02
Date of Certificate


ROBIN CIFELLI-DOLAN

In the event that a fee is required and is not enclosed, or the check is improper, or the fee calculation is in error, the Commissioner is authorized to charge any underpayment or credit any overpayment to Deposit Account No. 04-1406 of the undersigned attorneys. A duplicate copy of this sheet is enclosed.

The following documents are enclosed:

1. Petition for the Entry of an Amendment for the Correction of Inventorship Pursuant to Rule 1.48;
2. Statement of Paul F. Hemler and Tiffany W. Salido;
3. Consent by Assignee for Amendment Under Rule 1.48;
4. Declaration, Power of Attorney and Power to Inspect form;
5. Petition Fee for \$130.00; and
6. Return Receipt Postcard.

Respectfully submitted,


Donald R. Piper, Jr.
Registration No. 29,337



OP 37378

FEE TRANSMITTAL

<i>Complete if known</i>	
Application Number: 09/856,683	
Filing Date: May 23, 2001	
First Named Inventor: Vining, et al.	
Group Art Unit:	
Examiner Name:	
Total Amt. of Payment: (1)+(2)+(3)=	\$130
Attorney Docket Number: InterCont.	

<u>METHOD OF PAYMENT (check one)</u>		<u>Fee Calculation (continued)</u>																				
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		ADDITIONAL FEES Fee Description Fee Paid Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within first month _____ Extension for response within second month _____ Extension for response within third month _____ Extension for response within fourth month _____ Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned application _____ Petition to revive unintentionally abandoned application _____ Issue fee _____ Petitions to the Commissioner 130 Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) <u>Advance Order (10 copies)</u> _____ Other fee (specify) _____ SUBTOTAL (3) \$130																				
2. Payment enclosed: Check in the amount of <u>\$130</u>																						
<u>Fee Calculation</u>																						
1. FILING FEE Fee Description Utility filing fee _____ Design filing fee _____ Plant filing fee _____ Reissue filing fee _____ Provisional filing fee _____ SUBTOTAL (1) \$0		Fee Petitions to the Commissioner 130 Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) <u>Advance Order (10 copies)</u> _____ Other fee (specify) _____ SUBTOTAL (3) \$130																				
2. Claims <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 15%; text-align: center;">Paid</th> <th style="width: 15%; text-align: center;">Extr</th> <th style="width: 15%; text-align: center;">Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td style="text-align: center;">- = 0</td> <td style="text-align: center;">x = 0</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td>Independent Claims</td> <td style="text-align: center;">- = 0</td> <td style="text-align: center;">x = 0</td> <td style="text-align: center;">= 0</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td colspan="3"></td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">SUBTOTAL (2) \$0</td> </tr> </tbody> </table>				Paid	Extr	Fee	Total Claims	- = 0	x = 0	= 0	Independent Claims	- = 0	x = 0	= 0	Multiple Dependent (First presentation)					SUBTOTAL (2) \$0		
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	SUBTOTAL (2) \$0																					
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Submitted By:

Typed or

Printed Name Donald R. Piper, Jr.

Reg. Number 29,337

Deposit Account User ID

04-1406

Signature [Signature]

Date August 28, 2002